

Name of Person Filing Document: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 Attorney's Bar Number (if applicable): _____
 Representing ☐ Self or ☐ Attorney for _____

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of the

Case Number: PB _____
FEE STATEMENT (LOCAL RULE 5.7)
AND PROOF OF MAILING

_____ A Deceased Person

INSTRUCTIONS: This document must be completed in all cases where fees are charged. All activities for which fees are charged must be specifically listed, such as telephone calls, meetings, staff meetings, conferences, document preparation, work in house or files, personal visits, trips, and so forth.

STATEMENT OF FEES FOR SERVICES: The following is a statement of fees for services rendered from _____ (date) to _____ (date):

DATE	DESCRIPTION AND SERVICE PROVIDER	TIME

NUMBER OF HOURS BILLED:

Total number of hours billed is _____ x \$ _____ per hour = \$ _____ **TOTAL CHARGE**

Case No. _____

PROOF OF MAILING:

A copy of this management plan was mailed or delivered to the following persons:

NAME	ADDRESS

Today's Date: _____

Your Signature: _____